

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000102786

FILED
Feb 01, 2012
Secretary of State

Entity Name: CENTER OF HEALTH AND PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

8623 140TH AVE NORTH
WEST PALM BEACH, FL 33412 US

New Principal Place of Business:

Current Mailing Address:

8623 140TH AVE NORTH
WEST PALM BEACH, FL 33412 US

New Mailing Address:

FEI Number: 45-3986232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALERMO, MARTIN
8623 140TH AVENUE NORTH
WEST PALM BEACH, FL 33412 US

Name and Address of New Registered Agent:

PALERMO, TINA
8623 140TH AVENUE NORTH
WEST PALM BEACH, FL 33412 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TINA PALERMO

02/01/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: PALERMO, TINA
Address: 8623 140TH AVE NORTH
City-St-Zip: WEST PALM BEACH, FL 33412 US

Title: VP
Name: PALERMO, MARTIN
Address: 8623 140TH AVE NORTH
City-St-Zip: WEST PALM BEACH, FL 33412 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TINA PALERMO

P

02/01/2012

Electronic Signature of Signing Officer or Director

Date